

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039874

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 20

**FILED OCT 29 1962**

## 1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN O'Fallon

Length of stay in lb  
1 1/2 yr

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 507 Shady Lane

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Charles

c. CITY  
OR TOWN O'Fallon

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
507 Shady Lane

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Robert Lawrence Lawson

4. DATE OF DEATH

Month

Day

Year

Oct. 20, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

W

## 7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-21-1931

## 9. AGE (last birthday)

31

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tech Writer (Eng)

10b. KIND OF BUSINESS OR INDUSTRY

Aircraft

11. BIRTHPLACE (City and state or country)

Petersburg, Mich

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Edward Lawson

## 13b. MOTHER'S MAIDEN NAME

Thilba Wright

## 14. NAME OF HUSBAND OR WIFE

Nadine Ruhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes Feb 51- Feb 55

## 16. SOCIAL SECURITY NO.

[redacted]

## 17. INFORMANT

Mrs. Nadine Ruhl O'Fallon, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

chronic granulocytic leukemia

## INTERVAL BETWEEN ONSET AND DEATH

6 yrs 3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 11, 1957 to Oct. 20, 1962 and last saw him alive on Oct. 18, 1962

Death occurred at home - St. Charles, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Edward H. Reinhard MD

(Degree or title)

## 22b. ADDRESS

4960 Audubon, St Louis (10) Mo

## 22c. DATE SIGNED

10-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

Oct. 22, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Collins-Corkery F.H. Tecumseh, Mich.

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

Keithly-Davis Funeral Home O'Fallon, Mo. 10-20-62

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRATION SIGNATURE

[Signature]

NOV 9 1962

OCT 30 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jerry A. Davis

Licensed Embalmer No. 5139

P. O. Address O-Fallen, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.